STATE OF CALIFORNIA

TRAVEL EXPENSE CLAIM

*See Instructions and *Privacy Statement on Reverse Side*

STD. 262 (REV. 06/93) (CIWMB AUTOMATED 08/93)

CLAIMANT'S NAME	SSAN OR EMPLOYEE NUMBER *	DEPARTMENT
Cynthia Tuck	On File	Cal/EPA

	CB/ID NUMBER	DIVISION OR BUREAU	INDEX NUMBER
Undersecretary		Office of the Secretary	

		TELEPHONE NUMBER
1001 I Street	1001 I Street	916.324.3708

	STATE	ZIP CODE	CITY	STATE	ZIP CODE
Sacramento	CA	95814	Sacramento	CA	95814

(2) DATE	TIME	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS BREAK-FAST	LUNCH	N/C, RELO OR DINNER	(6) INCIDEN-TALS	(7) (A) COST OF TRANS	(B) TYPE USED	(C) CARFARE TOLLS, PARKING	(D) PRIVATE CAR USE MILES	AMOUNT	(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
11/29	6:00am	Sacramento - San Diego	$123.82		$10.00	$18.00			Pers, RC		16	$8.80		$160.62
11/30	11:30pm	San Diego - Sacramento		$6.00	$10.00	$18.00	$6.00		RC, Pers	$30.00	16	$8.80		$78.80

(1) MONTH/YR **Nov-09**

AIRFARE $328.48 (Not included in subtotals or claim total)

CAR RENTAL $161.03 (Not included in subtotals or in claim total)

(10) SUBTOTALS	239.42

COLUMN CODE (ACCTG USE ONLY)

CLAIM TOTAL

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

Attended dinner meeting with CalEPA Stakeholders. Attended 11/30 Ocean Protection Council meeting and reception. Used closer parking lot due to late return time. Travel times were limited due to holiday travel rush.

(12) NORMAL WORK HOURS 8:00-5:00

(13) PRIVATE VEHICLE LICENSE NUMBER A35310B

(14) MILEAGE RATE CLAIMED 0.55 cents

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

AGENCY ACCOUNTING OFFICE

CLAIMANT'S SIGNATURE	DATE	(16.) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
▷		▷	

(17.) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse) | DATE

▷